

CONTROLLED SUBSTANCE POLICY STATEMENT

This must be read, completed, and signed by the patient for review by the physician. After review the physician will make a determination as to whether the patient should be scheduled or not scheduled.

Controlled substances are excellent medications which serve a purpose. Unfortunately, they are also heavily abused in our society. We do not feel that "pain" or "anxiety" patients are "bad" patients. However, we must remain on alert for those who are looking to abuse their prescriptions. Controlled substances of concern include narcotics (MORPHINE, OXYCODONE, DILAUDID, etc.) and anti-anxiety medications (ATIVAN, XANAX, VALIUM, etc.).

General Governing Guidelines and Principles:

1. Narcotics and Benzodiazepines are addictive – regardless of the individual. Patients can have withdrawals once these medications are stopped. Individuals exist who illegally sell these medications as "diversion" drugs.
2. Every controlled substance is now tracked through a government website. Pharmacists and physicians can access a database to review the prescription-filling habits of their patients with the goal to eliminate diversion.
3. A Controlled Substance Contract is reviewed and signed by the physician and patient, setting ground rules for chronic controlled substance prescriptions. Violation of this will result in dismissal from Oregon Family Health.
4. NO CHRONIC CONTROLLED SUBSTANCES will be prescribed at the initial appointment. The first visit will be spent reviewing this CSPS, ascertain the nature of the complaint, and review treatment options. New patients WILL NOT be scheduled because they are running out or ran out of their pain or anxiety medication.
5. NEW PRESCRIPTIONS. Prescription to last from the day of the appointment through the last day of the month.
6. SCHEDULED REFILLS. Prescription to last from the first to the last of the month. Patients will pick up their narcotic prescription no earlier than two (2) days before the first of the next month.
7. TEMPORARY/EARLY REFILLS. Unexpected events will occur and will be considered on a case-by-case basis. Those patients making a habit of this may be dismissed from the practice. Patients requiring early refills due to overuse will have violated the Controlled Substance Contract and will be dismissed from the practice.

I take: 1. _____ (_____ mg) 2. _____ (_____ mg)

I take: 1. ___ pills ___ x/day ___ dys/wk (total _____ /mo) 2. ___ pills ___ x/day ___ dys/wk (total _____ /mo)

I have taken this medication for: 1. _____ 2. _____

Other controlled substances I have been on include:

I have been on a pain contract in the past? Yes No I have violated a pain contract in the past: Yes No

I have been dismissed from a practice due to controlled substance mis-use or pain contract violation? Yes No

By signing below, I affirm that I read the above Controlled Substance Policy Statement. I understand and agree to abide by this policy. I have been truthful in answering the above questions. I understand that if it is discovered that I have not been truthful, I will be dismissed from Oregon Family Health.

Patient's Full Name Birth Date Physician reviewer: _____

Date Reviewed: _____

Patient's signature Today's Date O SCHEDULE O DO NOT SCHEDULE